



MAR 26 2001

TRANSMITTAL FORM

		Application Number	09/770,486
		Filing Date	January 29, 2001
		First Named Inventor	Kelley et al.
		Group Art Unit	1745
		Examiner Name	OFFICE OF PETITIONS
Total Number of Pages in this Submission		Attorney Docket Number	CM01465L

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Postal Card
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

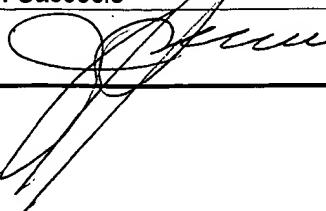
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Dale W. Dorinski	Registration No.	35,122
Signature			
Date	March 21, 2001		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date

March 21, 2001

Typed or printed name	Jerilyn S. Saccoccio		
Signature		Date	March 21, 2001



**FEET
TRANSMITTAL**

Patent fees are subject to annual revision

Complete if Known

		Application Number	09/770,486
		Filing Date	January 29, 2001
		First Named Inventor	Kelley et al.
		Examiner Name	
		Group Art Unit	1745
TOTAL AMOUNT OF PAYMENT		(\$ 130.00)	
		Attorney Docket No.	CM01465L

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METHOD OF PAYMENT		FEE CALCULATION (continued)	
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1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number	50-0757
Deposit Account Name	Motorola, Inc.

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:
 Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Paid
101	710	201	365	Utility filing fee
106	320	206	160	Design filing fee
107	490	207	245	Plant filing fee
108	710	208	355	Reissue filing fee
114	150	214	75	Provisional filing fee

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	<input type="text"/> X 18 =	<input type="text"/>
	-3** =	<input type="text"/> X 80 =	<input type="text"/>
Claims		<input type="text"/> 270 =	<input type="text"/>
Multiple Dependent			

Large Fee Code	Entity Fee Code	Small Entity Fee Code	Entity Fee Code	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims Over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above

SUBMITTED BY

Name (Print/Type)	Dale W. Dorinski	Registration No.	35,122	Telephone	(954) 723-6449
Signature	<i>Dale W. Dorinski</i>		Date	March 21, 2001	

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee Description
105	130	205
127	50	227
139	130	139
147	2520	147
112	920*	112
113	1840*	113
115	110	215
116	390	216
117	890	217
118	1390	218
128	1890	228
119	310	219
120	310	220
121	270	221
138	1510	138
140	110	240
141	1240	241
142	1240	242
143	440	243
144	600	244
122	130	122
123	50	123
126	180	126
581	40	581
146	710	246
149	710	249
179	710	279
169	900	169

Other fee (specify) _____

* Reduced by Basic Filing Fee paid

SUBTOTAL (3) (\$ 130.00)

Complete (if applicable)